Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Ms. Tonya Boyd	M M / D D / Y T Y T Y T Y T Y T Y T Y T Y T Y T Y
Mailing Address 2357 Fancy Cap Rd	08 14 2014 Amount
004	00.00
City State Zip Code Mt. Airy NC 27030	60.00 Transaction ID : f8dd60e5-64bc-4714-b
	Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 238468.93 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Ms. Tonya Boyd	08 14 2014
Mailing Address 2357 Fancy Cap Rd	
	Amount
City State Zip Code	56.49
Mt. Airy NC 27030	Transaction ID: b42c1872-4dbf-4206-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ 002	M M / D D / Y Y Y
Mileage Type 002	08 14 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Odiolidai lodi lo Bato	ursement For: Primary X General
Per Election for Office Sought 238468.93 2014	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	116.49
(b) SUBTOTAL of Unitemized Independent Expenditures	1 192 1 192 1 102
(c) TOTAL Independent Expenditures	
•	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan	M / D D / Y Y Y Y Y
CT71	8 16 2014
Oignature	

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	C 200330700
Check if 24-hour report 48-hour report New report Amends report filed	i on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
James Kindstedt	08 14 2014
Mailing Address 5510 Dogwood Dr	Amount
City State Zip Code	35.00
Winston Salem NC 27105	Transaction ID : 9b967cc3-c5ce-4137-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate Support Offic	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disb 238468.93	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
James Kindstedt	08 14 2014
Mailing Address 5510 Dogwood Dr	Amount
City State Zip Code	11.76
Winston Salem NC 27105	Transaction ID : da5730b1-777f-47f4-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / 14 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	46.76
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	08 16 2014
Signature	

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Joanna Kindstedt	08 14 2014
Mailing Address 2134 Tobaccoville Rd	Amount
City State Zip Code	35.00
Rural Hall NC 27045	Transaction ID: 895126a2-e05e-4f73-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 238468.93 Disbut 2014	rsement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Nicole N Ball	08 14 2014
Mailing Address 2528 Mill Creek Rd	Amount
City State Zip Code	20.00
200.0	Transaction ID: 5128a2e7-9f87-4613-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M M / D D / Y Y Y Y Y 14 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbu 238468.93	rsement For:
(a) SUBTOTAL of Itemized Independent Expenditures	55.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	LIVI EXI EIVE	TIONES		AGE 4 OF 71 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	Distribution/Dissemination
Nicole N Ball			08 /	14 / 2014
Mailing Address 2528 Mill Creek Rd			Amount	
City	State	Zip Code		12.60
Newport	NC	28570		c c60d74e3-bd53-4d31-8 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	238468.93	Disbursement For: 2014 Other (speci	Primary
Full Name of Payee			Date of Public D	Distribution/Dissemination
Lorri Anderson			08 /	14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr			Amount	
City	State	Zip Code		35.00
Charlotte	NC	23215		e5d3623a-7601-49c3-9 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		238468.93	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expen	ditures			47.60
			7	7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	7
(c) TOTAL Independent Expenditures			•	7 1 7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 16	2014
-				

Schedule E)	L /(L/(L/(L/(L/(L/(L/(L/(L			PAGE 5 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			1	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	port Amends repo	ort filed on	M / D D / Y = Y = Y
Full Name of Payee Lorri Anderson			M	f Public Distribution/Dissemination
Mailing Address 7214 Duchamp Dr			Amoun	t
City	State	Zip Code		9.60
Charlotte	NC	23215		ction ID : f717a5b6-94ae-4cb7-9 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presider	NC NC
Calendar Year-To-Date Per Election for Office Sought	2	238468.93	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee Gabriella E Hansen				f Public Distribution/Dissemination
Mailing Address 310 West Meath Drive				08 14 2014
			Amoun	t
City	State	Zip Code		25.00
Winterville Purpose of Expanditure	NC	28590	Transac Date o	tion ID : e26cb811-834e-4954-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		M / D D / Y Y Y Y Y 14 Y 14 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	238468.93	Disbursement 2014 Ot	For:
(a) CURTOTAL of Hamizard Indonordant Expanditure				24.60
(a) SUBTOTAL of Itemized Independent Expenditures	3			34.60
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		•	7 7 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 5
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	9 08	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Schedule E)	JENT EXICID	ITORES	PAGE 6 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	New rep	ort Amends repo	rt filed on
Full Name of Payee Morgan R Padgett			Date of Public Distribution/Dissemination
Mailing Address 2164 Kay Rd			08 14 2014 Amount
City Greenville	State NC	Zip Code 27858	25.00 Transaction ID : 63f2690c-11dd-47d4-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		238468.93	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Morgan R Padgett			Date of Public Distribution/Dissemination
Mailing Address 2164 Kay Rd			08 14 2014
			Amount
City	State	Zip Code	9.60
Greenville	NC	27858	Transaction ID : fa36f68f-0ac8-44f6-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		238468.93	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		34.60
(b) SUBTOTAL of Uniternized Independent Ex	nenditures		
(4, 332.33.12.3. 3.11.11.11.12.3. 11.12.2.11.12.11.12.11.12.11.12.11.11.11			
(c) TOTAL Independent Expenditures			>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08 16 2014
5.g.14.410			

Schedule E)	INI EXI EN	DITOTILO	PAGE 7 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jodi Fountain			08 / 14 / 2014
Mailing Address 1010 S Dogwood Drive			Amount
City	State	Zip Code	35.00
Bogalusa	LA	70427	Transaction ID : 56a4996d-127e-454a-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		96039.98	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jodi Fountain			08 / 14 / 2014
Mailing Address 1010 S Dogwood Drive			Amount
City	State	Zip Code	9.00
Bogalusa	LA	70427	Transaction ID : d69221f4-27a0-4af9-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-,,	96039.98	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		• 44.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 08 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
V			

Schedule E)	PENT EXICITE	ATOTILO	PAGE 8 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Steven Best			08 / 14 / 2014
Mailing Address 103 Washington Ave			Amount
City	State	Zip Code	33.00
Newport	NC	28570	Transaction ID : 3e70fd6c-f123-471a-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	238468.93	Disbursement For: Primary General Qu14 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Steven Best			08 / 14 / 2014
Mailing Address 103 Washington Ave			Amount
City	State	Zip Code	8.28
Newport	NC	28570	Transaction ID : 69d2cb4a-6062-4b70-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		238468.93	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		41.28
(,			7 7
(b) SUBTOTAL of Unitemized Independent Exp	penditures		•
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 16 2014
S.g.iataio			

Schedule E)	IDENT EXTEND	ITOTILO	PAGE 9 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	ort New rep	ort Amends repo	rt filed on
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination
Mailing Address 44 Bell Street Ext			08 14 2014 Amount
Oit.	Chaha	Zin Code	10.00
City Spruce Pine	State NC	Zip Code 28777	40.00 Transaction ID: 92ffa5bf-5d6a-43e3-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		238468.93	Disbursement For:
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination
Mailing Address 44 Bell Street Ext			08 14 2014 Amount
City	State	Zip Code	23.40
Spruce Pine	NC	28777	Transaction ID : bdf2e63b-3930-4614-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		238468.93	Disbursement For: Primary General 2014 General
(a) SUBTOTAL of Itemized Independent Exp	enditures		63.40
(b) SUBTOTAL of Unitemized Independent E	xpenditures		>
(c) TOTAL Independent Expenditures			>
	candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 16 2014
Signature			

Schedule E)	PAGE 10 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	filed on M = M / D = D / Y = Y = Y
Full Name of Payee Virginia M Stevens	Date of Public Distribution/Dissemination
Mailing Address 1691 Fork Mtn Rd	08 14 2014 Amount
City. Chate 7in Code	40.00
City State Zip Code Bakersville NC 28705	40.00 Transaction ID : ad1ceab8-8832-45d2-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support C	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calcinati Total To Bato	Disbursement For: Primary General Other (specify) ▶
Full Name of Payee Virginia M Stevens	Date of Public Distribution/Dissemination
Mailing Address 1691 Fork Mtn Rd	08 14 2014 Amount
City State Zip Code	23.40
Bakersville NC 28705	Transaction ID : c4cd130c-bdd3-46fe-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / 14 / 2014
Name of Federal Candidate Support	Office Sought: House District:00
Ms. Kay Hagan Oppose	President Senate State: NC
	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	63.40
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of exparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Signature	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	EXI END	TOTILO		PAGE 11 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends re	port filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Nick Berryhill			D	Date of Public Distribution/Dissemination
Mailing Address 905 Lake Drive			A	08 14 2014 Amount
City	State	Zip Code	— г	55.00
Shelby	NC	28152		ransaction ID : 071f1cc9-c38a-4b75-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 00	1	08 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office S	ought: House District: 00
Ms. Kay Hagan		X Oppose		resident X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , , 2	238468.93	Disburse 2014	ement For: Primary X General Other (specify) ▶
Full Name of Payee				Date of Public Distribution/Dissemination
Nick Berryhill				08 14 2014
Mailing Address 905 Lake Drive				00 14 2014
1			A	Amount
City	State	Zip Code		23.40
Shelby	NC	28152		ransaction ID: 44f504cd-f625-4a53-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	2	08 / 14 / Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office S	ought: House District: 00
Ms. Kay Hagan		X Oppose	Pr	resident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	238468.93	Disburse 2014	ement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures)		▶	78.40
(b) SUBTOTAL of Unitemized Independent Expenditu	res		···· •	
(c) TOTAL Independent Expenditures			····· •	
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Da	ate 08	16 2014
Signature				

	include L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
٦	Full Name of Payee	Date of Public Distribution/Dissemination
	Laura U Logie	08
	Mailing Address 2565 Shire Circle	Amount
	City State Zip Code	20.00
	Harrisonburg VA 22801	Transaction ID : f0c1c6bf-c641-4d56-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	08 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District:00
	Me Kay Hagan	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 238468.93 Disbut 2014	rsement For: Primary General
		Other (specify)
	Full Name of Payee Allie Butler	Date of Public Distribution/Dissemination
	Mailing Address 1676 Shady Creek Rd	08 14 2014 Amount
	City State Zip Code	30.00
		Transaction ID: 69d24b1c-ff73-4067-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	08 / 14 / Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District:00
	,,	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	50.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 08	
	Signature	النتا النا

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OF

Schedule E)	W END.: 323	PAGE 13 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	d on
	146W Toport / informs Toport	
Full Name of Payee Jennie Butler		Date of Public Distribution/Dissemination 08 14 2014
Mailing Address 1676 Shady Creek Rd		Amount
City State	e Zip Code	28.00
Ayden NC	·	Transaction ID : fdfb5d7b-9301-44b5-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Kay Hagan	∑ Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	238468.93 Disk 2014	oursement For: Primary X General 4 Other (specify) ▶
Full Name of Payee Jennie Butler		Date of Public Distribution/Dissemination
Mailing Address 1676 Shady Creek Rd		08 14 2014 Amount
City Stat	e Zip Code	24.42
Ayden NC	•	Transaction ID : 48b58bb0-7000-474d-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / 14 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	238468.93 Dist 201	bursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		52.42
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of eith	
Ms. Emily Buchanan	[Electronically Filed] Date	08 16 2014
Signature		

Schedule E)	INT EXICITE	TI OTILO	PAGE 14 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Antoinette Franklin			08 / 14 / 2014
Mailing Address 8822 Apple St			Amount
City	State	Zip Code	70.00
New Orleans	LA	70188	Transaction ID : 3a5e35dd-55e0-409b-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		96039.98	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Antoinette Franklin			08 / 14 / 2014
Mailing Address 8822 Apple St			Amount
City	State	Zip Code	13.50
New Orleans	LA	70188	Transaction ID: e81d8ca1-cb79-4eed-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		96039.98	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		. ▶ 83.50
//s) CURTOTAL of United Sized Indeed and Support			
(b) SUBTOTAL of Unitemized Independent Exper	naitures		
(c) TOTAL Independent Expenditures			>
	lidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.9			

Schedule E)	LIVI EXI EIVI	DITOTILO	PAGE 15 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St			08 14 2014 Amount
	0	7. 0 1	70.00
City New Orleans	State LA	Zip Code 70116	70.00 Transaction ID : d8add9a5-f61f-4fd2-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-, -,	96039.98	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St			08 14 2014
			Amount
City	State	Zip Code	12.90
New Orleans	LA	70116	Transaction ID: 452f395b-fd1e-4c16-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	17117	96039.98	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		. ▶ 82.90
(b) SUBTOTAL of Unitemized Independent Expe	nditures		
			7 7
(c) TOTAL Independent Expenditures			>
	didate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 16 2014
Signature			

	neddic L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dab / Yayayay
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Stephanie L Heun	08 14 2014
١	Mailing Address 8026 S Wilwood Dr Apt 101	Amount
ı	City State Zip Code	31.70
	Oak Creek WI 53154	Transaction ID : 31d47b6f-2845-4519-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	08 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate Support Office	Sought: House District: 00
	Me Kay Hagan	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 238468.93 Disbut 2014	rsement For: Primary X General
	Per Liection for Office Sought	Other (specify)
	Full Name of Payee Carmen Maddrey	Date of Public Distribution/Dissemination
	Mailing Address 2043 Nottingham Ln	08 14 2014 Amount
	City State Zip Code	65.00
	·	Transaction ID : 77fdb5fa-2492-4255-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	08 / 14 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
١	M 1/2 11	President Senate State: NC
		rsement For: Primary General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	96.70
((b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 08	
	Signature	
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OF

Schedule E)	JENT EXILIED	HONES	PAGE 17 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Carmen Maddrey			08 14 2014
Mailing Address 2043 Nottingham Ln			Amount
City	State	Zip Code	7.20
Burlington	NC	27215	Transaction ID: 9d91d03c-e233-4ca6-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		238468.93	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Morgan E Hallenbeck			08 / 14 / 2014
Mailing Address 3790 Christian Light Rd			Amount
City	State	Zip Code	70.00
Fuquay Varina	NC	27526	Transaction ID: 78129f6c-162e-40d8-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		238468.93	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		77.20
(I) OUDTOTAL (III II I I I I I I I I I I I I I I I	e.		
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)				PAGE 18 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				0 000000
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y Y
Full Name of Payee Morgan E Hallenbeck				of Public Distribution/Dissemination
Mailing Address 3790 Christian Light Rd				08 14 2014
Maining 7:33:333 3790 Chinshan Light Ru			Amour	nt
City	State	Zip Code		23.01
Fuquay Varina	NC	27526		action ID : ee537fde-5adc-4182-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	08 / 14 / 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	238468.93	Disbursement 2014 Ot	t For: Primary
Full Name of Payee			Date of	of Public Distribution/Dissemination
Christopher Pollreis			М	08
Mailing Address 15.5 Magnolia Circle			Amou	nt
Cit.	Ctoto	7:- Code		30.00
City Searcy	State AR	Zip Code 72143	Transa	30.00 ction ID : 3a1c4f58-24c7-4f52-b
Purpose of Expenditure		Category/	М	of Disbursement or Obligation
Salary		Type 001		08 14 2014
Name of Federal Candidate		Support	Office Sough	
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		57749.41	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
•				
(a) SUBTOTAL of Itemized Independent Expenditures			•	53.01
(b) SUBTOTAL of Unitemized Independent Expenditure	es		.	
(c) TOTAL Independent Expenditures				
				7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its agr	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M = M /	16 2014
Signature		_		

Schedule E)	IN EXILIN	JII OI LO	PAGE 19 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Christopher Pollreis			Date of Public Distribution/Dissemination
Mailing Address 15.5 Magnolia Circle			08 14 2014 Amount
City	State	Zip Code	13.50
Searcy	AR	72143	Transaction ID : 63a22080-81d5-4b1d-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		57749.41	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Theresa A Touchet			08 14 2014
Mailing Address 102 French Street #3			Amount
City	State	Zip Code	10.60
New Orleans	NC	70124	Transaction ID : d262c8dd-26b7-40d7-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		96039.98	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		24.10
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			
	lidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 16 2014
Signature			

Schedul	e E)		1101120		PAGE 20 OF 71 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Womer	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Na Ther	me of Payee resa A Touchet			M	of Public Distribution/Dissemination
Mailing	Address 102 French Street #3			Amour	08 14 2014 nt
City		State	Zip Code		0.30
New C	orleans	NC	70124		action ID : cb6adf4e-aaf0-4070-8 of Disbursement or Obligation
Purpos Mileag	e of Expenditure e		Category/ Type 002	М	08 / 14 / 2014
Name o	of Federal Candidate		Support	Office Sought	:: House District: 00
Ms. Ma	ary L Landrieu		Oppose	Preside	nt Senate State: LA
	alendar Year-To-Date er Election for Office Sought	-	96039.98	Disbursement 2014 Ot	For: Primary
Joes	ph P Pthierfelder Address 2411 Armstrong			М	of Public Distribution/Dissemination
City		State	Zip Code	— I.	100.00
Gasto		NC	28054		ction ID : 5e828b08-fa89-4549-8 of Disbursement or Obligation
Purpos Salary	e of Expenditure		Category/ Type 001		08 / 14 / 2014
Name	of Federal Candidate		Support	Office Sought	t: House District:00
Ms. Ka	y Hagan		Oppose	Preside	
	alendar Year-To-Date er Election for Office Sought		238468.93	Disbursement 2014 Of	t For: Primary X General
(a) SUB	TOTAL of Itemized Independent Expendit	ures			100.30
(b) SUB	TOTAL of Unitemized Independent Expen	ditures		· •	
(c) TOT	AL Independent Expenditures			•	
with, or	enalty of perjury I certify that the indeper at the request or suggestion of, any candi mmittee) any political party committee or i	idate or authorized			
	Ms. Emily Buchanan	[Electroi	nically Filed] Date	e 08	16 2014
Signa	ature				

ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	te of Public Distribution/Dissemination
Joesph P Pthierfelder	08 14 2014
Mailing Address 2411 Armstrong Am	ount
City State Zip Code	7.50
Gastonia NC 28054 Tra	insaction ID : c0f9040d-4e56-4e82-a te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08
Name of Federal Candidate Support Office Sou	ught: House District: 00
Me Kay Hagan	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 238468.93 Disbursem	
Full Name of Payee Barbara A Williams	Other (specify) ▶te of Public Distribution/Dissemination
Daibaia A Williams	08 14 2014
Mailing Address 3002 Darden Rd Apt A	nount
City State Zip Code	60.00
Greensboro NC 27407 Tran	nsaction ID : 999d780c-f7a2-4df4-a te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / D D D D D D D D D D D D D D D D D D
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Kay Hagan Oppose Pres	·
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	67.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	/ 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	I on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Joseph R Rys	08 14 2014
	Mailing Address 160 #50 Pompano Dr	Amount
	City State Zip Code	50.00
	New Bern NC 28560	Transaction ID: 77dac65f-8a26-425e-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District:00
	Ms. Kay Hagan	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbrace 238468.93 2014	ursement For: Primary X General
	Tel Election for Office Sought	Other (specify)
	Full Name of Payee Joseph R Rys	Date of Public Distribution/Dissemination
	Mailing Address 160 #50 Pompano Dr	08 14 2014 Amount
	City State Zip Code	7.26
	New Bern NC 28560	Transaction ID : f21b4c0a-adc7-45d8-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	Mo8 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 238468.93	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	57.26
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(77)	08 16 2014
	Signature	
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	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	I on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Elizabeth DeMaine	08 14 2014
	Mailing Address 75 Stephenson Ln	Amount
	City State Zip Code	35.00
	Sheridan AR 72143	Transaction ID : 6ed59ee9-af2d-4d13-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	57740.44	ursement For: Primary X General
	Per Election for Office Sought 57749.41 2014	Other (specify) ▶
	Full Name of Payee Elizabeth DeMaine	Date of Public Distribution/Dissemination
	Mailing Address 75 Stephenson Ln	08 14 2014 Amount
	City State Zip Code	23.10
	Sheridan AR 72143	Transaction ID: 851a2568-a2ff-4338-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	58.10
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(77)	08 16 2014
	Signature	
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Schedule E)	LIVI LXI LIVI	DITOTILO	PAGE 24 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Dylan Simon			08 / 14 / 2014
Mailing Address 111 Millrock Drive			Amount
City	State	Zip Code	48.83
Lafayette	LA	70508	Transaction ID : e42896f7-12cd-4e95-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	96039.98	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Dylan Simon			08 / 14 / 2014
Mailing Address 111 Millrock Drive			Amount
City	State	Zip Code	22.41
Lafayette	LA	70508	Transaction ID : c922addd-4263-4ca3-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	96039.98	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		. > 71.24
#N. 21			
(b) SUBTOTAL of Unitemized Independent Expe	enditures		.)
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	IN EXICID	TIONES	PAGE 25 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Kelly Dolan			08
Mailing Address 543 S 2nd St			Amount
City	State	Zip Code	80.00
Bellaire	NC	77401	Transaction ID: 677680fb-dd5c-46fb-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-	238468.93	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Kelly Dolan			08 / 08 / 2014
Mailing Address 543 S 2nd St			Amount
City	State	Zip Code	10.50
Bellaire	NC	77401	Transaction ID : d8198af5-f889-498d-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		238468.93	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expendi	tures		90.50
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •
(c) TOTAL Independent Expenditures			•
	idate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 16 7 2014
- 3			

Schedule E)	JENT EXILIND	TIONES	PAGE 26 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
David Ford			08 / 14 / 2014
Mailing Address 106 Hillside St			Amount
City	State	Zip Code	82.50
Spindale	NC	28160	Transaction ID : b1ffbd8c-274f-4d8e-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		238468.93	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
David Ford			08 14 2014
Mailing Address 106 Hillside St			Amount
City	State	Zip Code	28.92
Spindale	NC	28160	Transaction ID : 6f4ae3b2-e254-43d1-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		238468.93	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		. ▶ 111.42
(b) SUBTOTAL of Unitemized Independent Ex	penditures		· -
(c) TOTAL Independent Expenditures			
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08

Schedule E)	PENT EXI EN	DITOTILO	PAGE 27 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Zachary Vidrine			08 14 2014
Mailing Address 202 Rue Des Cajun			Amount
City	State	Zip Code	30.00
Ville Platte	LA	70586	Transaction ID: e91a2847-29fe-4822-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		96039.98	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Zachary Vidrine			08 14 2014
Mailing Address 202 Rue Des Cajun			Amount
City	State	Zip Code	36.90
Ville Platte	LA	70586	Transaction ID : 57697f45-c63f-45a3-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		96039.98	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		. ▶ 66.90
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 16 2014

Schedule E)	JENT EXICITE	TIONES	PAGE 28 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Cory Bryson			08 / 14 / 2014
Mailing Address 216 Dogwood Ln			Amount
City	State	Zip Code	60.00
Belmont	NC	28012	Transaction ID: 0020c2ce-7ad6-4d9c-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	7	238468.93	Disbursement For: Primary General General Other (specify) ▶
Full Name of Payee	·		Date of Public Distribution/Dissemination
Cory Bryson			08 / 14 / 2014
Mailing Address 216 Dogwood Ln			Amount
City	State	Zip Code	4.50
Belmont	NC	28012	Transaction ID: 9889a4f4-a5c5-472c-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		238468.93	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		64.50
			7 7
(b) SUBTOTAL of Unitemized Independent Ex	oenditures		· •
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	C 600330700
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Kati M Holland	08 14 2014
Mailing Address 248 La Salle St	Amount
City State Zip Code	40.00
Wilmington NC 28411	Transaction ID: 365a013a-f705-4b75-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 238468.93 Disbut 2014	rrsement For: Primary X General Other (specify) ▶
Full Name of Payee Kassidy L Tyer	Date of Public Distribution/Dissemination
rassidy L Tyer	08 14 2014
Mailing Address 41 Hawk Hollow Trail	Amount
City State Zip Code	45.00
Burgaw NC 28425	Transaction ID: d67f9bdc-bb18-47dc-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbt 238468.93	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	85.00
	7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
	8 16 2014
Signature	

	meduic L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Kassidy L Tyer	08 14 2014
	Mailing Address 41 Hawk Hollow Trail	Amount
	City State Zip Code	25.50
	Burgaw NC 28425	Transaction ID : a262e974-d65a-4b02-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 238468.93 Disb 2014	
		Other (specify) ▶
	Full Name of Payee Anthony Pearson	Date of Public Distribution/Dissemination
	Mailing Address 112 apache Dr	08 14 2014 Amount
	City State Zip Code	55.00
	Search AR 72149	Transaction ID : a7a8eddf-23c8-49cc-b
	Purpose of Expenditure Salary Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	80.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
		08 16 2014
	Signature	
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OF

Schedule E		LITT EXI END	TI OTILO		PAGE 31 OF 71 FOR SE OF FORM 24/48
	MMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	Speak Out PAC				C C00530766
Check if 2	24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on	= M / D = D / Y = Y = Y
		May 16b	John Americas repo	of tilled off	
Full Name Anthor	of Payee ny Pearson				of Public Distribution/Dissemination
Mailing Ad	dress 112 apache Dr			Amou	
City		State	Zip Code	— I	14.49
Search		AR	72149		action ID : bed37e0e-43ae-4b04-a of Disbursement or Obligation
Purpose of Mileage	f Expenditure		Category/ Type 002	М	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of F	Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark I	_ Pryor		X Oppose	Preside	ent State: AR
	dar Year-To-Date lection for Office Sought	.,,	57749.41	Disbursemen 2014 O	t For: Primary X General
Full Name				Date	of Public Distribution/Dissemination
Gregor	y Green			IV	08 14 2014
Mailing Ad	ldress 2506 Bolch Street				
				Amou	nt
City		State	Zip Code		80.00
Shrevepo		LA	71104	Transa Date	ction ID : c714c76b-518c-43b8-b of Disbursement or Obligation
Purpose o Salary	f Expenditure		Category/ Type 001	IV	08 / 14 / 2014
Name of F	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary	L Landrieu		Oppose	Preside	ent Senate State: LA
	ndar Year-To-Date Election for Office Sought		96039.98	Disbursemen 2014 O	t For:
(a) SUBTO	TAL of Itemized Independent Expend	itures		•	94.49
(b) SUBTO	TAL of Unitemized Independent Expe	enditures		·· •	7 1 7 1 7
(c) TOTAL	Independent Expenditures			•	7 1 7 1 7
with, or at t	Ity of perjury I certify that the independent request or suggestion of, any can ittee) any political party committee or	didate or authorize			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	M = M /	16 2014
Signature	е				

ooneduic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Gregory Green	08
Mailing Address 2506 Bolch Street Al	mount
City State Zip Code	19.20
Shreveport LA 71104 Ti	ransaction ID : 5fde8d42-5212-4589-b ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / 14 / 2014
Name of Federal Candidate Support Office So	ought: House District:00
Ms Mary I Landrieu	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ment For:
Full Name of Payee D	ate of Public Distribution/Dissemination
	08
Mailing Address 2305 Cleary Ave	mount
City State Zip Code	20.00
Metairie LA 70001 Tra	ansaction ID : 63866224-14c3-42ea-a ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Mary L Landrieu Oppose Pro	esident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ment For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	39.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	16 2014
Signature	

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Schedule E)	LIVI EXI LIVE	71101120		PAGE 33 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ 0 0 / 4 4 4 4
Full Name of Payee Lesley Lennox			Date of Publi	c Distribution/Dissemination
Mailing Address 2305 Cleary Ave			Amount	14 2014
	01-1-	The Oak		2.40
City Metairie	State LA	Zip Code 70001		2.10 ID: 41385ccd-16dc-431c-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	/ 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	96039.98	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Anthony Buchanan Mailing Address 1090 McHone Rd			Date of Publ	ic Distribution/Dissemination
- Tood Individual Na			Amount	
City Spruce Pine	State NC	Zip Code 28777	Transaction I	75.00 D : 588dc10e-c598-415a-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 08	/ 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		238468.93	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expendent	ditures			77.10
(b) SUBTOTAL of Unitemized Independent Expe	enditures		· •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any can party committee) any political party committee or	ndidate or authorize			
Ms. Emily Buchanan	[Electro	onically Filed] Date	9 08 16	2014
Signature				

· · · · · · · · · · · · · · · · · ·			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48	3-hour report New report	ort Amends report f	led on Man / Dad / Yayayay
Full Name of Payee			Date of Public Distribution/Dissemination
Casey Stockton			08 14 2014
Mailing Address 105 South Dale 9	St		Amount
City	State	Zip Code	75.00
Spruce Pine	NC	28777	Transaction ID: fe9f570f-9ce7-44b4-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support O	ffice Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sough	nt 2		sbursement For: Primary X General 114 Other (specify) ▶
Full Name of Payee Casey Stockton Mailing Address 105 South Dal	e St		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	27.30
Spruce Pine	NC	28777	Transaction ID : b5f7cdba-9cfe-482b-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support O	ffice Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sougl	nt		isbursement For: Primary
(a) SUBTOTAL of Itemized Independent	ndent Expenditures		102.30
(b) SUBTOTAL of Unitemized Inde	ependent Expenditures		
(c) TOTAL Independent Expenditu	res	······	
	on of, any candidate or authorized		made in cooperation, consultation, or concert ther, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electroni	ically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

PAGE

OF

Schedule E)	51125	PAGE 35 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed of	on M=M / D=D / Y=Y=Y=Y
Full Name of Payee		Date of Public Distribution/Dissemination
Mary Johnson		08 14 2014
Mailing Address 105 South Dale St		Amount
City State Zi	p Code	75.00
	8777	Transaction ID : 88fe9212-752a-4938-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate	Support Office	Sought: House District:00
Ms. Kay Hagan		President State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbur 2014	sement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Barbara E Spritz		08 14 2014
Mailing Address 3346 Durham St Ext		00 14 2014
		Amount
City State Z	p Code	40.00
	27217	Transaction ID : 20ae7cc2-bb0e-4c4d-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	238468.93 Disbur 2014	rsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	115.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures re with, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronica	lly Filed] Date 08	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	24.0	

Schedule E)	PENT EXICITE	TI OTILO	PAGE 36 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee Barbara E Spritz			Date of Public Distribution/Dissemination
Mailing Address 3346 Durham St Ext			08 14 2014
			Amount
City	State	Zip Code	3.30
Burlington	NC	27217	Transaction ID: 03bd3fe0-e48f-4a50-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	238468.93	Disbursement For:
Full Name of Payee	-		Date of Public Distribution/Dissemination
Francesca Blom			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 101 Asbury Ct			Amount
City	State	Zip Code	80.00
Winchester	VA	22602	Transaction ID: e4b5ec84-b99d-4b68-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		238468.93	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		83.30
(I) OUDTOTAL (III II I			
(b) SUBTOTAL of Unitermized Independent Exp	penditures		•
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	0 00030700
Check if 24-hour report 48-hour report New report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Christopher Marquess	08 14 2014
Mailing Address 110 W Pecan St	
	Amount
City State Zip Code	65.00
Ville Platte LA 70586	Transaction ID : db5c032c-626f-480e-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate Support Offic	ce Sought: House District: 00
Ms. Mary L Landrieu	President X Senate State: LA
Calcillati Teal To Date	pursement For: Primary X General
Tel Election for Since Sought	Other (specify)
Full Name of Payee Christopher Marquess	Date of Public Distribution/Dissemination
Mailing Address 110 W Pecan St	Amount
City State Zip Code	32.40
Ville Platte LA 70586	Transaction ID: 27743fad-5cfb-4bf7-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / 14 / 2014
Name of Federal Candidate Support Offi	ce Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
201011001110 2010	
Per Election for Office Sought 96039.98	Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures	97.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	08 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	of Public Distribution/Dissemination
	08 14 2014
Mailing Address 4967 Dysartville Amor	unt
City State Zip Code	80.00
Morganton NC 28655 Tran	saction ID: 08303cf0-fa8c-4b91-8 of Disbursement or Obligation
Purpose of Expanditure	08 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Soug	ht: House District: 00
Ms. Kay Hagan Oppose Presid	
Calendar Year-To-Date Per Election for Office Sought Disburseme 238468.93 Disburseme 2014	
Full Name of Payee Date	Other (specify) ▶e of Public Distribution/Dissemination
Jennifer E Smith	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4967 Dysartsville Rd Amo	unt
City State Zip Code	80.00
	action ID: 00a6f041-5489-447d-b of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M 8
Name of Federal Candidate Support Office Soug	ht: House District: 00
Ms. Kay Hagan	
Calendar Year-To-Date Per Election for Office Sought 238468.93 Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	16 2014
Signature	

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Schedule E)	NOENT EXICID	ITOTILO	PAGE 39 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour rep	port New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jennifer E Smith			08 14 2014
Mailing Address 4967 Dysartsville Rd			Amount
City	State	Zip Code	10.50
Morganton	NC	28655	Transaction ID: f09344e0-8b38-40eb-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	238468.93	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Marysol Netro			08 14 2014
Mailing Address 312 S Gunter St			Amount
City	State	Zip Code	100.00
Siloam Springs	AR	72761	Transaction ID : 38dbfe53-25a3-42a2-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		57749.41	Disbursement For: Primary General 2014 General
(a) SUBTOTAL of Itemized Independent Ex	penditures		110.50
(b) SUBTOTAL of Unitemized Independent	Expenditures		>
(c) TOTAL Independent Expenditures			•
	candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	LIVI EXI EN	DITORILO	PAGE 40 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Marysol Netro			08
Mailing Address 312 S Gunter St			Amount
City	State	Zip Code	6.00
Siloam Springs	AR	72761	Transaction ID: 060e371a-81fc-441c-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		57749.41	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Kenny Wallis			08 14 2014
Mailing Address 6412 Osage Dr			Amount
City	State	Zip Code	60.00
North Little rock	AR	72116	Transaction ID : 98d7be85-63a3-4d5d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		57749.41	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		66.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			•
	ndidate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	08 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

	Tieddie E)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Kenny Wallis	08
	Mailing Address 6412 Osage Dr	Amount
ŀ	City State Zip Code	15.21
	North Little rock AR 72116	Transaction ID : a72dd3a3-b0e5-4392-b Date of Disbursement or Obligation
Ī	Purpose of Expenditure Mileage Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
f	Name of Federal Candidate Support Office	e Sought: House District:00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut	
ŀ	Full Name of Payee	Other (specify) ▶ Date of Public Distribution/Dissemination
	Courtney Goldstein	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1809 N Woodlawn	Amount 2014
ŀ	City State Zip Code	45.00
	Metairie LA 70001	Transaction ID : 68f61251-2d20-4212-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	08 / 14 / 2014
ŀ	Name of Federal Candidate Support Offic	e Sought: House District: 00
		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For:
((a) SUBTOTAL of Itemized Independent Expenditures	60.21
((b) SUBTOTAL of Unitemized Independent Expenditures	7
((c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not movith, or at the request or suggestion of, any candidate or authorized committee or agent of either carty committee) any political party committee or its agent.	
		08 16 2014
_	Signature	
_		

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OF

Schedule E)		PAGE 42 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report f	iled on Mam / Dab / Yayayay
Full Name of Payee Courtney Goldstein		Date of Public Distribution/Dissemination
Mailing Address 1809 N Woodlawn		08 14 2014 Amount
City State	Zip Code	4.80
Metairie LA	70001	Transaction ID : 1ac93aa1-46aa-4e1b-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Francis Richardson		08 14 2014
Mailing Address 220 Doucet Rd		Amount
City State	z Zip Code	35.00
Lafayette LA	70503	Transaction ID: 93a2c064-5273-4bb9-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General Other (specify) ►
() QUETOTAL ()		
(a) SUBTOTAL of Itemized Independent Expenditures	······	39.80
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
	[Electronically Filed] Date	08 16 2014
Signature		

Schedule E)	IVI EXI END	TIONES	PAGE 43 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination
Mailing Address 220 Doucet Rd			08 14 2014 Amount
			Amount
City	State	Zip Code	2.52
Lafayette	LA	70503	Transaction ID: 1a52ac50-6c95-4331-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	96039.98	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Cassidy Quartararo			08 14 2014
Mailing Address 632 Cameron Court			Amount
City	State	Zip Code	40.00
Kenner	LA	70065	Transaction ID : a1741c72-80ed-465a-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	77	96039.98	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. • 42.52
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 16 2014
Signature			

· · · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Cassidy Quartararo	08
Mailing Address 632 Cameron Court	Amount
City State Zip Code	8.76
Kenner LA 70065	Transaction ID: e4322e99-24d0-468b-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / 14 / 2014
Name of Federal Candidate Support Office	Sought: House District:00
Ms Mary I Landrieu	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Michael Vidrine	08 14 2014
Mailing Address 1103 West Wilson Street	Amount
City State Zip Code	60.00
· ·	Transaction ID : 62766423-6d87-43dd-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	68.76
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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Scl	hedule E)	EXI EIIDI	TOTILO				PAGE 45 OF 71 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	eck if 24-hour report X 48-hour report	X New repo	ort An	mends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
Т	Full Name of Payee				Da	ta of Public	c Distribution/Dissemination
	Michael Vidrine					08	/ 14 2014
Ĭ	Mailing Address 1103 West Wilson Street				An	nount	
F	City	State	Zip Code				33.60
	Ville Platte	LA	70586				ID : ab512822-b2b9-4bb7-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type			08	14 2014
	Name of Federal Candidate			Support	Office So	uaht:	House District: 00
	Ms. Mary L Landrieu			Oppose		_	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		96039.98		Disbursen 2014	nent For: Other (sp	Primary
Γ	Full Name of Payee				Da	ate of Publi	c Distribution/Dissemination
	Carey T Henderson					M M	/ D D / Y Y Y Y Y
-	Mailing Address 1025 Inverness Rd					08	14 2014
Ĭ	TOZO IIIVerness Ku				An	nount	
ľ	City	State	Zip Code			1	60.00
		NC	28387				D: deb33863-352b-4308-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			M 08	14 / 2014
	Name of Federal Candidate			Support	Office So	ught:	House District: 00
	Ms. Kay Hagan			Oppose		•	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		238468.9	93	Disburser 2014	ment For: Other (sp	Primary X General Decify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures				·· •	7	93.60
(I	b) SUBTOTAL of Unitemized Independent Expenditure	∋s			·· •		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(0	c) TOTAL Independent Expenditures						1 4 1 2
W	Under penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate arry committee) any political party committee or its ago	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M M M M M M M M M M M M M M M M M M	/ 16	/ Y Y Y Y Y Y 2014
	Signature		_				-

······································	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Carey T Henderson	08 / 14 / 2014
Mailing Address 1025 Inverness Rd	Amount
City State Zip Code	5.10
Suthern Pines NC 28387	Transaction ID : e1ffdc04-835b-42d2-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / 14 / 2014
Name of Federal Candidate Support Office	Sought: House District:00
Ms Kay Hagan	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbur 238468.93 Disbur 2014	rsement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Patrice Wolfe	08 14 2014
Mailing Address 9909 Treasure Hill Rd	Amount
City State Zip Code	40.00
Little Rock AR 72205	Transaction ID: 3020f369-5b89-4d17-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 14 / Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	45.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not many with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	M / D D / Y B Y B Y B Y B Y B Y B Y B Y B Y B Y
Signature	

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OF

Schedule E)		PAGE 47 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
Patrice Wolfe		08 14 2014
Mailing Address 9909 Treasure Hill Rd		Amount
City State Zip	Code	3.90
Little Rock AR 722	205	Transaction ID: 3404fb11-7062-4f3c-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	rategory/ Type 002	08 14 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Mr. Mark L Pryor		President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 577	749.41 Disbur 2014	rsement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Jeanne Tribou		08 14 2014
Mailing Address 22369 Ponderosa Dr.		Amount
City State Zip	o Code	40.00
Mandeville LA 70	0471	Transaction ID: d7046247-7ae7-4b62-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Ca	ategory/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	96039.98 Disbut 2014	rsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		43.90
(a) CODICIAL OF HOMEZON INCOPORTACINE Exponditures		40.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures repwith, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronicall] Signature	ly Filed] Date 08	

ooneddie Ej	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Jeanne Tribou	08 14 2014
Mailing Address 22369 Ponderosa Dr.	nount
City State Zip Code	7.20
Mandeville LA 70471 Tra	ansaction ID: 9cc994b6-b388-4df4-a tte of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / 14 / 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms Mary I Landrieu	sident State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	7
	Other (specify) ►ate of Public Distribution/Dissemination
Lisa Booth	08 14 2014
Mailing Address 1434 South Avenue An	nount
City State Zip Code	100.00
	nsaction ID : 5cee2714-99b4-44ea-b ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate Support Office So	ught: House District: 00
Ms. Kay Hagan Pre	esident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	107.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	16 2014
Signature	

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OF

Schedule E)	DENT EXICIO	TIONES	PAGE 49 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	13.80
Eden	NC	27288	Transaction ID: e237e627-8dc3-40db-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	238468.93	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Petrina Williams			08 14 2014
Mailing Address 3007 Darden Rd			Amount
City	State	Zip Code	100.00
Greensboro	NC	27407	Transaction ID: 331522b6-d610-4caf-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		238468.93	Disbursement For: Primary General 2014 General
(a) SUBTOTAL of Itemized Independent Expe	enditures		113.80
(b) SUBTOTAL of Unitemized Independent E	xpenditures		>
(c) TOTAL Independent Expenditures			·
	candidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
=			

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	te of Public Distribution/Dissemination
Petrina Williams	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3007 Darden Rd	nount
City State Zip Code	27.30
Greensboro NC 27407 Tra	ansaction ID : 3e65b532-54bd-4acf-a te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08
Name of Federal Candidate Support Office Sou	ught: House District: 00
Me Kay Hagan	sident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 238468.93 Disbursem 2014	nent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Da	
Taylor N Randall	tte of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	nount
Apt 40 City State Zip Code	70.00
Searcy AR 72143 Trai	nsaction ID : 5f62e85b-eba7-41ae-a tte of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / D D D D D D D D D D D D D D D D D D
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mr. Mark L Pryor Oppose Pres	•
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	97.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	16 2014
Signature	

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OF

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M M / D D / Y Y Y Y
Full Name of Payee	D	ate of Public Distribution/Dissemination
Shelbi L Randall		08 14 2014
Mailing Address 202 East Park Ave Apt 40	A	mount
City	tate Zip Code	70.00
		ransaction ID: 44075967-4549-4fce-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ought: House District: 00
Mr. Mark L Pryor	X Oppose Pro	esident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	57749.41 Disburse 2014	ement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Shelbi L Randall		wate of Public Distribution/Disserningtion M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 202 East Park Ave Apt 40	А	mount
City	tate Zip Code	19.62
Searcy		ansaction ID : cffb86c7-20d0-4900-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	M 08 / 14 / 2014
Name of Federal Candidate	Support Office S	ought: House District: 00
Mr. Mark L Pryor	Oppose Pr	resident State: AR State:
Calendar Year-To-Date Per Election for Office Sought	57749.41 Disburse 2014	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······	89.62
(b) SUBTOTAL of Unitemized Independent Expenditures	s	7 7 7
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	4 4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized committee or agent of either, o	
Ms. Emily Buchanan	[Electronically Filed] Date 08	16 / Y = Y = Y = Y = Y
Signature		

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OF

Schedule E)		TIONES	PAGE 52 OF FOR SE OF FORM 2	71 4/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUM	BER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemin	ation
Serena A Jones			08 / 14 / 201	4
Mailing Address 7151 Mullins Drive			Amount	
City	State	Zip Code		70.00
Saltville	VA	24370	Transaction ID: 00aa6307-e00c-4b Date of Disbursement or Obligation	аа-а
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y 201	4
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		X Oppose	President Senate State: -	NC
Calendar Year-To-Date Per Election for Office Sought		238468.93	Disbursement For: Primary X 0 2014 Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution/Dissemin	ation
Serena A Jones			08 / 14 / 20°	14
Mailing Address 7151 Mullins Drive			Amount	
City	State	Zip Code	29	9.40
Saltville	VA	24370	Transaction ID : 0cb9adb5-f1c2-476 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002		YY
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		X Oppose	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought	7 7	238468.93	Disbursement For: Primary X 02014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expendi	tures		99.	40
			7 1 7 1 7	
(b) SUBTOTAL of Unitemized Independent Expe	nditures)	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 16 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
•				

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Dat	te of Public Distribution/Dissemination
Shantal C Culbreath	08 14 2014
Mailing Address 4691 Hercules Lane Am	nount
City State Zip Code	60.00
	insaction ID : c5c96fd5-86e2-4aca-9 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mc Kay Hagan	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 238468.93	nent For: Primary ⊠ General Other (specify) ▶
	te of Public Distribution/Dissemination
Tarrin Lesaicherre	08
Mailing Address 629 Radiance Ave	nount
City State Zip Code	70.00
	nsaction ID : 1e2b6096-95a6-41b8-9 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 04 / 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms. Mary L Landrieu Pres	sident State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7 7
(c) TOTAL Independent Expenditures	1 1 7 1 1 7 1 1 7 1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	/ 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

Schedule E)	INT EXILINE	TI OTILO	PAGE 54 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee Tarrin Lesaicherre			Date of Public Distribution/Dissemination
Mailing Address 629 Radiance Ave			08 14 2014 Amount
O'th-	Otata	7's Oads	0.00
City Metairie	State LA	Zip Code 70001	6.00 Transaction ID : daf69688-fb5d-4ff8-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		96039.98	Disbursement For: Primary
Full Name of Payee Brandon Guttuso			Date of Public Distribution/Dissemination
Mailing Address 3013 Transcontinental Dr			08 14 2014 Amount
			Allount
City Metairie	State LA	Zip Code 70006	70.00 Transaction ID : 4bd4a55f-1be2-439f-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	96039.98	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		76.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures		
			7 7
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 16 2014
g.i.a.a.i.o			

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report No	ew report Amends report filed on Amends report
Full Name of Payee Brandon Guttuso	Date of Public Distribution/Dissemination
	08 / 14 / 2014
Mailing Address 3013 Transcontinental Dr	Amount
City State	Zip Code 6.00
Metairie LA	70006 Transaction ID : 6be01b81-63ce-4649-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 08 / 14 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mr. Roger McKinney	08 / 14 / 2014
Mailing Address 308 West Main Street	Amount
City State	Zip Code 42.50
Pilot Mountian NC	27041 Transaction ID : 24c3ed1c-6034-4fc5-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 08 / 14 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	48.50
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·
	ditures reported herein were not made in cooperation, consultation, or concert horized committee or agent of either, or (if the reporting entity is not a political
	Electronically Filed] Date 08 16 2014
Signature	

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OF

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	of Public Distribution/Dissemination
	08 14 2014
Mailing Address 308 West Main Street Amo	unt
City State Zip Code	10.38
Pilot Mountian NC 27041 Tran	saction ID: 63439373-f3dc-48fb-b of Disbursement or Obligation
Purpose of Expenditure	08 / 14 / 2014
Name of Federal Candidate Support Office Soug	ht: House District: 00
Ms. Kay Hagan Oppose Presid	
Calendar Year-To-Date Per Election for Office Sought Disburseme 238468.93 Disburseme 2014	
	Other (specify) ►e of Public Distribution/Dissemination
·	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 308 West Main Street Amo	ount
City State Zip Code	42.50
Plot Mountain NC 27041 Trans Date	saction ID : efb58c93-9a0e-47fb-8 of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Soug	ght: House District: 00
Ms. Kay Hagan	
Calendar Year-To-Date Per Election for Office Sought 238468.93 Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	52.88
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	16 2014
Signature	

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OF

Schedule E)				PAGE 57 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Bradley K Kissinger			М	of Public Distribution/Dissemination
Mailing Address 3113 Imperial Valley Dr.			Amour	08 14 2014 nt
C:to.	Ctoto	Zin Codo		25.00
City Little Rock	State AR	Zip Code 72212		35.00 action ID: 64c5d4c7-4ff2-40b4-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	08 14 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	57749.41	Disbursement 2014 Ot	t For: Primary X General
Full Name of Payee Bradley K Kissinger				of Public Distribution/Dissemination
Mailing Address 3113 Imperial Valley Dr.			Amour	08 14 2014 nt
City	State	Zip Code		7.50
Little Rock	AR	72212		ction ID : 12b52a91-e9ec-4b9e-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	08 14 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, ,	57749.41	Disbursement 2014 Of	t For:
(a) SUBTOTAL of Itemized Independent Expenditures	S		•	42.50
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			· [7 7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	M M /	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

oblicatio E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Evelyn Lesaicherre	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 629 Radiance Ave	ount
City State Zip Code	70.00
Metairie LA 70001 Tra	Insaction ID : 2e1848a7-7593-40a1-8 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms. Mary L Landrieu Oppose Pres	sident State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary ⊠ General Other (specify) ▶
	te of Public Distribution/Dissemination
Evelyn Lesaicherre	08 14 2014
Mailing Address 629 Radiance Ave	nount
City State Zip Code	6.00
Metairie LA 70001 Tran	nsaction ID: 2090727e-d27b-4534-8 te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu Oppose Pres	sident State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	76.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	/ 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

Schedule E)	ar ENDITORIES	PAGE 59 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report	filed on M M M / D D / Y Y Y Y Y Y
Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination
Mailing Address 102 S Main Street Apt A2		08 14 2014 Amount
City State	e Zip Code	70.00
Berryville VA	22611	Transaction ID : c83939e9-5ce6-4d5e-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Kay Hagan	∑ Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Christine Stevens		08 14 2014
Mailing Address 100 Asbury Ct		
		Amount
City State	e Zip Code	80.00
Winchester VA	22602	Transaction ID: 72775497-40a1-458f-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate	Support	Office Sought: House District:00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures		150.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.	authorized committee or agent of e	
Ms. Emily Buchanan	[Electronically Filed] Date	08 16 2014
Signature		

Schedule E)		PAGE 60 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	ed on Mam / Dad / Yayayay
Full Name of Payee		Data of Dublic Distribution/Discomination
Rodney O Culbreath		Date of Public Distribution/Dissemination 08 / 14 2014
Mailing Address 100 Asbury Ct		Amount
City State	Zip Code	80.00
Winchester VA	22602	Transaction ID : 12978ef7-2a19-4fa3-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate	Support Offi	ce Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	238468.93 Dis 201	bursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Rodney D Culbreth		08 14 2014
Mailing Address 100 Asbury CT		08 14 2014 Amount
3200 Dam Neck Rd		
City State Winchester VA	Zip Code 22602	70.00 Transaction ID: 77f21532-86fe-4583-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	Mos / Date of Disputsement of Obligation
Name of Federal Candidate	Support Offi	ice Sought: House District:00
Ms. Kay Hagan	∑ Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	238468.93 Dis 20°	bursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	>	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or an party committee) any political party committee or its agent.		
Ms. Emily Buchanan	[Electronically Filed] Date	08 16 2014
Signature		

Schedule E)	AT ENDITORIES	PAGE 61 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report f	illed on D D / Y Y Y Y Y Y
Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination
Mailing Address 100 Asbury Ct		08 14 2014 Amount
Cit.	7:n Code	70.00
City Stat Winchester VA		70.00 Transaction ID: b43f043a-24f1-4888-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	office Sought: House District: 00
Ms. Kay Hagan	∑ Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General O14 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Jon E Conner		08 14 2014
Mailing Address 100 Asbury Ct		Amount
City Stat	te Zip Code	60.00
Winchester	·	Transaction ID : ae7502da-2e2a-40fb-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate	Support C	Office Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		olsbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		130.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(a) CODICINE OF CHIROMETOR INCOPORTION Exportations		4 4 4
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of e	
Ms. Emily Buchanan	[Electronically Filed] Date	08 16 2014
Signature		

oblicatio E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	of Public Distribution/Dissemination
Phillip Williams	08 14 2014
Mailing Address 3007 Darden Rd Amo	ount
City State Zip Code	70.00
Greensboro NC 27407 Tran	saction ID : cdb0e6f6-b5de-4900-a of Disbursement or Obligation
Purpose of Expanditure	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Soug	ght: House District: 00
Ms. Kay Hagan Presid	
Calendar Year-To-Date Per Election for Office Sought Disburseme 238468.93 Disburseme 2014	
	Other (specify)
Full Name of Payee Date Phillip Williams	e of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd	08 14 2014 ount
	24.00
	21.60 saction ID : d653413a-0d11-4462-b
Purpose of Expenditure	e of Disbursement or Obligation
Mileage O02 Type 002	08 14 2014
Name of Federal Candidate Support Office Soug	ght: House District: 00
Ms. Kay Hagan Oppose President	dent State: NC
Calendar Year-To-Date Per Election for Office Sought Disburseme 238468.93 Disburseme 2014	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	91.60
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	1711711
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	16 2014
Signature	

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OF

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Beverly Williams	08 14 2014
	Mailing Address 3007 Darden Rd	Amount
	City State Zip Code	70.00
	Greensboro NC 27407	Transaction ID: b238e2f4-f6f9-429e-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 238468.93 Disbut 2014	ursement For: Primary X General
		Other (specify)
	Full Name of Payee Ralph Smith	Date of Public Distribution/Dissemination
	Mailing Address 2090 Fancy Gap Rd	08 14 2014 Amount
	City State Zip Code	110.00
	Mt. Airy NC 27030	Transaction ID : fdc8d820-29a0-4a8a-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District:00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 238468.93	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	180.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		8 16 2014
	Signature	

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Schedule E)	IVI EXI END	TIONES	PAGE 64 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination
Mailing Address 2090 Fancy Gap Rd			08 14 2014
			Amount
City	State	Zip Code	33.00
Mt. Airy	NC	27030	Transaction ID: a58a83ee-ecf6-4623-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	238468.93	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Timothy Foley			08 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 20679 Glenbrook Terrace			Amount
City	State	Zip Code	20.00
Sterling	VA	20165	Transaction ID : 76f7e17d-7bc8-4c53-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	238468.93	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		53.00
(1) OUDTOTAL (11 % 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15		
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
g.i.a.a.i.o			

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	filed on M M M / D D / Y Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Timothy Foley	08 14 2014
Mailing Address 20679 Glenbrook Terrace	Amount
City State Zip Code	20.00
Sterling VA 20165	Transaction ID : 2adde9f3-9cf3-4c1e-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate Support C	Office Sought: House District:00
Ms. Kay Hagan Oppose	President Senate State: NC
Odioridal Todi To Dato	Oisbursement For: ☐ Primary ☐ General Other (specify) ▶
Full Name of Days	
Full Name of Payee Daniel E Collison	Date of Public Distribution/Dissemination 08 14 2014
Mailing Address 3315 Cardinal Ridge Rd	Amount
City State Zip Code	45.00
Greensboro NC 27410	Transaction ID : 95dd3916-c1ab-4db0-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	65.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	08 16 2014
Signature	

PAGE

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OF

Scł	hedule E)	PAGE 66 OF 71 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
		M = M / D = D / Y = Y = Y
Che	eck if 24-hour report 48-hour report New report Amends report fil	ed on
١	Full Name of Payee Daniel E Collison	Date of Public Distribution/Dissemination
ŀ	Mailing Address 3315 Cardinal Ridge Rd	08 14 2014
		Amount
	City State Zip Code	15.30
	Greensboro NC 27410	Transaction ID : f46e8ff6-ec3f-47c9-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate Support Off	ice Sought: House District: 00
	Ms. Kay Hagan	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Dis 238468.93	sbursement For: Primary X General Other (specify) ▶
ı	Full Name of Payee	Date of Public Distribution/Dissemination
1	Ms. Tonya Boyd	M = M / D = D / Y = Y = Y
ŀ	Mailing Address 2357 Fancy Can Rd	08 14 2014
	Mailing Address 2357 Fancy Cap Rd	Amount
ŀ	City State Zip Code	110.00
	Mt. Airy NC 27030	Transaction ID: 67885ea3-7370-4c1f-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate Support Of	fice Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
		sbursement For: ☐ Primary ☐ General Other (specify) ▶
(6	(a) SUBTOTAL of Itemized Independent Expenditures	125.30
(I	(b) SUBTOTAL of Unitemized Independent Expenditures	
(0	(c) TOTAL Independent Expenditures	
W	Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	08 16 2014
	Signature	

	medule L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Ms. Tonya Boyd	08 14 2014
	Mailing Address 2357 Fancy Cap Rd	Amount
	City State Zip Code	33.00
	Mt. Airy NC 27030	Transaction ID: e10a5e54-8595-4339-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	08 14 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 238468.93 Disbut 238468.93	ursement For: Primary X General
	Per Liection for Office Sought	Other (specify)
	Full Name of Payee Wayne Burckel	Date of Public Distribution/Dissemination
	Mailing Address 46 Glenwood Ave	08 14 2014 Amount
	City State Zip Code Harahan LA 70123	50.00 Transaction ID : 24d76450-455f-4766-b
		Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	83.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	CT1	8 16 2014
	Signature	

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OF

Schedule E)	VI EXI EIVE	TIONES	PAGE 68 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	ort filed on
Full Name of Payee Wayne Burckel			Date of Public Distribution/Dissemination
Mailing Address 46 Glenwood Ave			08 14 2014
			Amount
City	State	Zip Code	0.30
Harahan	LA	70123	Transaction ID: 8de6bd94-78a6-42e9-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 14 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	96039.98	Disbursement For: Primary General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			08 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	112.50
High Point	NC	27260	Transaction ID : 56cecbf8-e142-4c2c-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , , ,	238468.93	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		. 112.80
(b) SUBTOTAL of Unitermized Independent Expendent	litures		•
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 16 2014
5.g.iataro			

Schedule E)	DEITI EXI EITE	TIONES	PAGE 69 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			08 14 2014
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	16.80
High Point	NC	27260	Transaction ID: 8c3a9472-323f-4cc5-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	238468.93	Disbursement For: Primary General Q014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Danielle McCoy			08
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	110.00
High Point	NC	27260	Transaction ID: 4cd432d4-6b9a-4b38-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	238468.93	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		126.80
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 16 2014
=			

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 70 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination
·			08 / 14 / 2014
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	15.30
High Point	NC	27260	Transaction ID: 6019e4d7-c8e5-4fdd-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	17.1.7	238468.93	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Steven Jean			08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2012 Harrison Ave			Amount
City	State	Zip Code	100.00
Winston Salem	NC	27105	Transaction ID : 19d8609c-adfb-4aaa-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		238468.93	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		. ▶ 115.30
			7 7 7
(b) SUBTOTAL of Unitermized Independent Exp	enditures		. •
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	PAGE 71 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Steven Jean	08 / D D / Y Y Y Y Y Y 13 2014
Mailing Address 2012 Harrison Ave	Amount
City State Zip Code	15.00
Winston Salem NC 27105	Transaction ID: 60cb93cc-605b-4c59-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 13 / 2014
Name of Federal Candidate Support Office	e Sought: House District:00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 238468.93	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	15.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	5668.76
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
(77) () 11 721 12	08 16 2014